

FINAL DRAFT

**Cover Page
Poster**

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DEPARTMENT OF VETERANS AFFAIRS
Richard L. Roudebush VA Medical Center
1481 West Tenth Street
Indianapolis, Indiana 46202

January 22, 2008

Dear 2008 National Veterans Golden Age Games Competitors:

On behalf of the Richard L. Roudebush VA Medical Center and the Veterans in Partnership Network, it is my honor and pleasure to invite you to participate in the 22nd National Veterans Golden Age Games (NVGAG) taking place in Indianapolis, Indiana, August 20-24, 2008.

Indianapolis is the nation's 13th largest city and is the perfect balance of cosmopolitan style and small-town charm. Indianapolis is commonly referred to as the Crossroads of America and is easily accessible from a wide variety of locations, with many interstate highways bisecting our city. Not only that, but half the nation's population is within a day's drive, which makes traveling to Indianapolis by car an attractive option for many. Downtown Indianapolis offers much to do all within a few blocks to include shopping, dining, and recreation opportunities.

We have many exciting venues for the sporting events such as the Major Taylor Velodrome, the Indiana University Natatorium, the Indiana University/Purdue University Indianapolis Michael A. Carroll Track & Field Stadium, the American Legion Mall, the Indianapolis Convention Center, and a challenging tree lined golf course along the scenic White River near downtown Indianapolis.

We would like to express our appreciation for the support and generosity of the 2008 NVGAG sponsors: the Department of Veterans Affairs, the Veterans Canteen Service and Help Hospitalized Veterans. Additionally, thanks to a grant from the Lilly Endowment Inc., Indianapolis, competitors will be offered enhanced alternate activities and many other extras.

Enclosed is the 2008 registration packet. We are offering an exciting alternative which is secure, online registration with which you will receive your confirmation sooner and ensure you reserve your place in the games. Because incomplete applications will be returned, you may wish to have your local VA Recreation Therapy staff or coach help you fill it out. If you have questions or need more information, please call our administration team at (317) 988-2747.

Come to Indianapolis and *Race for the Gold* at the 2008 National Veterans Golden Age Games.

Kenneth Klotz, Jr., MD
Acting Medical Center Director



NATIONAL VETERANS GOLDEN AGE GAMES

Office of the Director
National Veterans Golden Age Games
50 Irving St. NW
Washington, DC 20422

January 15, 2008

Dear 2008 National Veterans Golden Age Games Applicants:

I hope everyone is doing well and preparing themselves for this year's National Veterans Golden Age Games. The staff and volunteers at the Richard E. Roudebush VA Medical Center in Indianapolis, Indiana are working hard in preparation of your attendance.

Indianapolis is a beautiful city and has more veterans' memorials than any other US city, with the exception of Washington, DC. Downtown Indianapolis is the heart of the city with numerous hotels, restaurants, shopping areas, memorials and its convention center within walking distance.

As with each host city we will be able to take advantage of its unique facilities and qualities. One of the more interesting facilities they have is the Major Taylor Velodrome an Olympic training venue and location of this years cycling event. Unlike past National Veterans Golden Age Games this facility is designed to ride and race bicycles. We will use the lower part of the track and not the high 45 degree slopes on the corners. To help ease any concerns we have made practice time available so those who wish to try it before race time. We have adjusted the rules and distance of cycling this year due to this being a metric track.

For the first time ever you will have the opportunity to use debit cards to eat your meals at the time and place you choose. If you choose to eat breakfast at your hotel restaurant with your team mates, family or friends, you have that option. Lunch and dinner can be at one of the 30 or so restaurants within blocks of our hotels, you decide when and where to eat. A daily preset dollar amount (GSA meal rate) will be available for you to use each day. It is important that you be responsible and use your debit card wisely. This will be a unique experience due to the close proximity of our hotels and numerous restaurants in the downtown area.

For those who may wish to participate, the 2008 National Veterans Golden Age Games is also a qualifying year for the National Senior Games to be held in Palo Alto, California in August of 2009. We wish you the best of luck with your practice and training and look forward to seeing all of you this coming August 20th through 24th in Indianapolis, Indiana at "Racing for the Gold".

Sincerely,

DEWAYNE C. VAUGHAN
Director
National Veterans Golden Age Games



Master Schedule

2008 National Veterans Golden Age Games Indianapolis, IN

Tuesday, August 19, 2008

All Day Arrival of athletes, coaches, staff Downtown Indianapolis

Wednesday, August 20, 2008

8:00 a.m. – 5:00 p.m. Registration/Check-in Convention Center, East Maryland Lobby

7:00 p.m. – 9:00 p.m. Opening Ceremony Convention Center, Sagamore Ballroom

9:00 p.m. – 11:00 a.m. Dance Convention Center, Sagamore Ballroom

Thursday, August 21, 2008

8:00 a.m. – 2:00 p.m. Golf- 18 Holes Coffin Golf Course

8:00 a.m. – 5:00 p.m. Checkers Convention Center, Wabash Ballroom 1 & 2

8:00 a.m. – 4:00 p.m. Bowling Western Bowl

1:00 p.m. – 4:00 p.m. Cycling Practice Major Taylor Velodrome

6:30 p.m. – 9:30 p.m. Cycling: 667 Meter & 1 Kilometer Major Taylor Velodrome

8:00 p.m. – 11:00 a.m. Dance Convention Center, Sagamore Ballroom

Friday, August 22, 2008

8:00 a.m. – 5:00 p.m. Croquet American Legion Mall

8:00 a.m. – 5:00 p.m. Table Tennis Convention Center, Hall C

8:00 a.m. – 5:00 p.m. Shuffleboard Convention Center, Hall C

10:00 a.m. – Noon Tour of Speedway Indianapolis Motor Speedway

2:00 p.m. – 4:00 p.m. Tour of Speedway Indianapolis Motor Speedway

3:00 p.m. – 5:00 p.m. Medal Ceremony Convention Center, Wabash Ballroom 1 & 2

7:00 p.m. – 9:00 p.m. VCS Bingo Convention Center, 500 Ballroom

9:30 p.m. – 11:00 a.m. Dance Convention Center, 500 Ballroom

Saturday, August 23, 2008

8:00 a.m. – 5:00 p.m. Nine Ball Convention Center, Hall C

8:00 a.m. – 5:00 p.m. Horseshoes American Legion Mall

8:00 a.m. – 5:00 p.m. Dominoes Convention Center, Hall C

10:00 a.m. – Noon Tour of Speedway Indianapolis Motor Speedway

2:00 p.m. – 4:00 p.m. Tour of Speedway Indianapolis Motor Speedway

3:00 p.m. – 5:00 p.m. Medal Ceremony Convention Center, Wabash Ballroom 1 & 2

5:00 p.m. – 9:00 p.m. Dinner and Evening at the Zoo Indianapolis Zoo

Sunday, August 24, 2008

7:30 a.m. – 10:30 a.m. Shot Put Michael A. Carroll Track & Field, IUPUI

7:30 a.m. – 10:30 a.m. Discus Throw Michael A. Carroll Track & Field, IUPUI

7:30 a.m. – 10:30 a.m. Air Rifle Michael A. Carroll Track & Field, IUPUI

12:30 p.m. – 2:30 p.m. Swimming IUPUI Natatorium

3:00 p.m. – 5:00 p.m. Medal Ceremony Convention Center, Wabash Ballroom 1 & 2

5:00 p.m. – 7:00 p.m. Closing Dinner Convention Center, Sagamore Ballroom

7:00 p.m. – 9:00 p.m. Closing Ceremony Convention Center, Sagamore Ballroom

Monday, August 25, 2008

All Day Departures Downtown Indianapolis

General Information

- WHO MUST REGISTER:** All competitors, coaches, support staff, and volunteers must register. Each individual registering must complete a separate registration form.
- HOW TO REGISTER:** Registration can be done via the forms included in this packet or you may register online through a secure system. The Registration Checklist indicates which forms can be completed online and included in this packet are instructions for online registration.
- ELIGIBILITY:** All veterans, ages 55 or older, who currently receive inpatient or outpatient care from the U. S. Department of Veterans Affairs.

REGISTRATION DEADLINE: Completed registration packets must be postmarked on or before:

JUNE 1, 2008

PLEASE RETURN COMPLETED PACKETS TO:

National Veterans Golden Age Games
Administration Subcommittee (00)
Richard L. Roudebush VA Medical Center
1481 West Tenth Street
Indianapolis, IN 46202

Registration is limited to 650 competitors on a first-come, first-served basis. If your packet is incomplete, you will be contacted to re-submit missing documents. This will delay your registration. Please enlist the help of your coaches before mailing your packet. Online registration is quicker and just as secure!

NO LATE REGISTRATION PACKETS WILL BE ACCEPTED

- GAME EVENTS:** All competitors must enter at least **two** but no more than **four** events. Complete the Event Selection Form B in the registration packet. Events include: cycling, bowling, checkers, croquet, dominoes, golf, horseshoes, nine ball, shot put, discus, 10-meter air rifle, shuffleboard, table tennis, and swimming.

On-Line Registration may be completed by accessing the following web links:

<http://www.2008NVGAG.com>

Or at

<http://www1.va.gov/vetevent/gag/2008/ToCome.cfm>

General Information (Continued)

AGE CLASSIFICATION: All age classifications will be determined by the competitor's age as of **August 21, 2008**. There are seven age classifications:

55-59 60-64 65-69 70-74 75-79 80-84 85+

Competitors will compete by gender in the following events: **Cycling, Bowling, Horseshoes, Shot Put, Swimming and Discus**

CLASSIFICATION: Non-ambulatory competitors will have a separate division in the following events:

Table Tennis	Swimming	Horseshoes
Nine Ball	Bowling	Shot Put
Shuffleboard	Discus	

Visually impaired competitors will have a separate division in the following events:

Bowling	Horseshoes	Shuffleboard
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AIR TRAVEL: Competitors should plan to arrive and depart from the Indianapolis International Airport, approximately 30 minutes from the hotels.

HOTEL: Hotel reservations and payment are the responsibility of the traveler. Specific hotel information will be forwarded to competitors after acceptance of registration.

TRANSPORTATION: The Games' organizers will provide transportation for arrivals on **Tuesday, August 19, 2008**, between the airport and hotels between the hours of 6:00 am and 12:00 midnight. Representatives of the Games will greet you at the airport. Transportation for all National Veterans Golden Age Games sponsored events and activities will also be provided from the hotels. If traveling by air, check with your local air terminal for the latest update on Transportation Security Administration (TSA) requirements regarding carry-on items. Competitors traveling with oxygen will need to make arrangements with the airlines regarding the transport of oxygen. Coordination of oxygen services are the responsibility of the competitor.

Transportation will be provided to the airport for departures on **Monday, August 25, 2008** between the hours of 5:00 am and 12:00 midnight.

WEATHER: Indianapolis weather in August is usually warm and sunny with occasional showers. Temperatures average from the low 90s during the day to upper 70s at night. The hotel rooms and areas for indoor events are all air conditioned. Items to consider bringing include a light jacket, umbrella, sweater, hat, swimsuit, sunscreen (**SPF 30 or higher recommended**), insect repellent, sunglasses, and appropriate clothing for hot temperatures.

General Information (Continued)

- MEDICAL:** Medical assistance will be provided 24 hours a day as part of the 2008 National Veterans Golden Age Games. Sick call and emergency medical treatment will be available at the **Hilton Indianapolis Hotel**. First aid and patient stabilization will be provided at the events and activities. Ambulances will be called if emergency care is needed. **Medical assistance is not intended for pre-existing conditions.** Competitors must bring with them enough medication and medical supplies to last throughout the Games. **There are no provisions for providing replacement medications and medical supplies.**
- PERSONAL DOCUMENTS:** As whenever you travel, it is recommended you include all of your health and insurance information as part of your personal travel documents.
- CONFIRMATION OF REGISTRATION:** Once your completed application has been received and accepted by the 2008 Games office, a letter of confirmation will be sent to you. Included with the confirmation letter will be a form for you to complete regarding your travel itinerary. The travel itinerary form must be returned by **July 13, 2008**. Additional correspondence regarding the Games may follow. Please be sure to watch for these items and read them carefully.
- WALL OF HEROES:** The National Veterans Golden Age Games traditional "Wall of Heroes" will continue at the Games in Indianapolis! Please send a photograph in with your registration packet. Photos should depict competitors (preferably in military uniform) and be 4"x6" or 5"x7" in size. **Please note that Wall of Heroes photographs will not be returned.**
- MISCELLANEOUS:** Arrival date is Tuesday, August 19, 2008. Registration for the Games and events will be on Wednesday, August 20, 2008 from 8:00 am to 5:00 pm. Opening Ceremonies are at 7:00 pm on Wednesday, August 20, 2008.
- NATIONAL SENIOR GAMES** The 2008 National Veterans Golden Age Games is a qualifying year for the 2009 National Senior Games. This will allow those competitors who finish first, second, or third place in the respective qualifying events and meet National Senior Games standards to become eligible to compete at the National Senior Games in Palo Alto, California in 2009. The qualifying events include: Golf, Bowling, Horseshoes, Shuffleboard, Table Tennis, Shot Put, Discus and Swimming (50 yard Freestyle and 50 Yard Backstroke). The National Senior Games uses the rules provided by the governing body of their respective sports. The rules are not adapted in any way. Veterans who qualify for the 2009 National Senior Games will be responsible for all costs/expenses related to their participation in the 2009 National Senior Games.

PLEASE FEEL FREE TO MAKE ADDITIONAL COPIES OF THIS REGISTRATION PACKET

Lodging Information

- Lodging:** The 2008 National Veterans Golden Age Games will be held in Indianapolis, Indiana. After receipt of your completed registration packet, you will receive a letter of confirmation with further instructions for making hotel reservations. You will be responsible for making your reservations by contacting the hotel as listed on your confirmation. Please specify your need for a handicap accessible room, if applicable, when completing your reservations. **THE HOTELS WILL NOT ACCEPT RESERVATIONS PRIOR TO YOUR RECEIPT OF YOUR LETTER OF CONFIRMATION.**
- Hotel Rates:** The hotel rates are the government rate (\$97.00/Night) for Indianapolis. The hotels accept all major credit cards.
- Hotel Reservation Deadline:** July 20, 2008: 5:00 p.m. Eastern Standard Time
- Meals:** Meals are furnished at no cost to all 2008 NVGAG competitors. Meals will be at each competitor's convenience through the use of debit cards. These cards will be funded/loaded with daily per diem and competitors will be able to use the card to purchase meals either at their hotel or at any restaurant that accepts credit cards.
- NVGAG WEBSITE:** The NVGAG Website can be found on the internet at:
<http://www1.va.gov/vetevent/gag/2008/>
- EVENT RULES:** The NVGAG event rules can be found on the Internet at:
http://www1.va.gov/vetevent/gag/2008/docs/2008NVGAG_Rules_Revised121707.pdf

**For further information or if you have questions, contact the 22nd
NATIONAL VETERANS GOLDEN AGE GAMES Office:**

Julie Jackson or Susan Klippel, Administration Sub Committee
National Veterans Golden Age Games
Richard L. Roudebush VA Medical Center
1481 West Tenth Street
Indianapolis, IN 46202

By email at:
Julie.Jackson@va.gov

Registration Checklist

Please ask your coach or medical center staff to review this checklist with your attached forms prior to mailing.

REGISTRATION DEADLINE IS June 1, 2008

Name: _____

COMPETITOR FORMS

- | | | |
|---|---------------------------------|--------------------------------|
| <input type="checkbox"/> Competitor Application (Form A) | <input type="checkbox"/> Online | <input type="checkbox"/> Paper |
| <input type="checkbox"/> Event Selection (Form B) | <input type="checkbox"/> Online | <input type="checkbox"/> Paper |
| <input type="checkbox"/> Hometown News Release Questionnaire (Form C) | <input type="checkbox"/> Online | <input type="checkbox"/> Paper |
| <input type="checkbox"/> Waiver and Release of Liability / Publicity Release (Form D) | PAPER ONLY | |
| <input type="checkbox"/> General Medical Information (Form E) | PAPER ONLY | |
| <input type="checkbox"/> Current EKG Report | | |
| <input type="checkbox"/> Current Medication Profile | | |
| <input type="checkbox"/> Alternate Activities for IMS Track Tour Selection (Form F) | <input type="checkbox"/> Online | <input type="checkbox"/> Paper |

NON COMPETITOR FORMS

- | | | |
|---|---------------------------------|--------------------------------|
| <input type="checkbox"/> Non-Competitor Application (Form G) | <input type="checkbox"/> Online | <input type="checkbox"/> Paper |
| <input type="checkbox"/> Alternate Activities IMS Track Tour Selection (Form F) | <input type="checkbox"/> Online | <input type="checkbox"/> Paper |

On-Line Registration may be completed by accessing the following web links:

<http://www.2008NVGAG.com>

Or at

<http://www1.va.gov/vetevent/gag/2008/ToCome.cfm>

Non-Competitors will be on their own for meals which will allow them the opportunity to join the competitors for meals at the restaurant of their selection. No funds will be sent to the medical center and non-competitors can pay for meals on an as consumed basis. White River State Park passes will likewise be available for non-competitors to purchase in Indianapolis.

COMPETITOR INFORMATION

Last Name: _____ First Name: _____ MI: _____

Male Female

Date of Birth: _____ / _____ / _____ Your Age as of August 21, 2008: _____

DIVISION: Ambulatory Wheelchair Visually Impaired (Legally Blind)

If you are a member of a Veterans Service Organization, indicate that organization _____

Please indicate your t-shirt size: Small Medium Large XL XXL XXXL

Primary VA Medical Center: _____ Team Coach: _____

Telephone # of Team Coach (regular): _____ during the games (cell) _____

Your Street Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Day Phone: () _____ Cell Phone: () _____

WHEELCHAIR/SCOOTER INFORMATION (Please provide the following information about your wheelchair and/or scooter. This information can be obtained from your Prosthetics Department.)

Are you able to able to ambulate short distances without assistance? Yes No

Manufacturer: _____ Model/Make: _____ Serial Number: _____

Type: Power Manual Frame Type: Rigid Folding

Camber: _____ Weight: _____ Overall Width: _____

Seat Height: _____ Seat Width: _____ Seat Depth: _____

Front Wheel/Caster Type: Wheel Caster Height: _____ Width: _____ Tire Size: _____

Back Wheel/Caster Type: Wheel Caster Height: _____ Width: _____ Tire Size: _____

Wheelchair/cart Inspected by: _____ Telephone Number: _____

It is your responsibility to have your wheelchair/scooter inspected by a VA prosthetic specialist and/or designee before arrival at the Games to insure that your equipment is in good working order.

Do you have a service dog? Yes No

ASSISTIVE EQUIPMENT- All competitors are encouraged to bring their own assistive equipment (shower benches, commode chairs, etc.). A limited number of such equipment will be available on a first-come, first-served basis during the Games. Please indicate the items needed along with style, model numbers, etc., and we will try to accommodate you: _____

You must plan to bring any medications you take and any assistive equipment you use.

Name _____ Male Female

Age (as of August 21, 2008): 55-59 60-64 65-69 70-74 75-79 80-84 85+

Check at least two, but not more than four events. When competitors are scheduled for two events with conflicting times, attend the bracketed events first. Otherwise, the competitor will be disqualified for failure to report for the event on time. Bracketed events are designated with an *. DO NOT schedule conflicting events!

Division Classification – I will be competing in the following Division (Check only one):

- Ambulatory Wheelchair Visually Impaired (Legally Blind)

When you register in one division, you must register for all events in that division.

THURSDAY, AUGUST 21

Note- You may not compete in both Golf and Checkers.

Golf- 18 Holes:

Ambulatory Division Only

- 8:00 AM – 2:00 PM
All Golfers must bring their own clubs.

*Checkers: All Divisions

- 8:00 AM 55-59 & 65-69
 10:00 AM 80-84 & 85+
 1:00 PM 60-64 & 75-79
 3:00 PM 70-74

Bowling: All Divisions
Starts at 8:00 AM; Ends at 5:00 PM

- Ambulatory
 Wheelchair
 Wheelchair Adaptive
 Visually Impaired

Cycling Practice- Velodrome:

- 1:00 PM – 4:00 PM

Cycling: Ambulatory Division
6:30 PM – 9:30 PM

- 667 Meter Race (.4 Mile)
 1 Kilometer Race (.6 Mile)
(Appropriate foot attire must be worn)

FRIDAY, AUGUST 22

*Croquet: Ambulatory Division

- 8:00 AM 60-64
 9:30 AM 70-74
 10:30 AM 80- 84 & 85+
 1:00 PM 75-79
 2:00 PM 65-69
 3:00 PM 55-59

FRIDAY, AUGUST 22 (Cont.)

*Shuffleboard:

- All Divisions
 8:00 AM 80-84 & 85+
 9:30 AM 65-69
 10:30 AM 75-79
 1:00 PM 55-59
 2:00 PM 70-74
 3:00 PM 60-64

***Table Tennis:** (See Note)
Ambulatory & Wheelchair Div.

- 8:00 AM 60-64
 9:30 AM 55-59
 10:30 AM 70-74
 1:00 PM 80-84 & 85+
 2:00 PM 75-79
 3:00 PM 65-69

SATURDAY, AUGUST 23

*Dominoes: All Divisions

- 8:00 AM 55-59 & 75-79
 10:00 AM 60-64 & 70-74
 1:00 PM 80-84 & 85+
 3:00 PM 65-69

***Nine Ball:** (See Note)
Ambulatory & Wheelchair Division

- 8:00 AM 75-79
 9:30 AM 80-84 & 85+
 10:30 AM 60-64
 1:00 PM 70-74
 2:00 PM 55-59
 3:00 PM 65-69

SATURDAY, AUGUST 23 (Cont.)

*Horseshoes: All Divisions

- 8:00 AM 70-74
 9:30 AM 55-59
 10:30 AM 65-69
 1:00 PM 60-64
 2:00 PM 80-84 & 85+
 3:00 PM 75-79

SUNDAY, AUGUST 24

Shot Put:

Ambulatory & Wheelchair Divisions
 7:30 AM – 10:30 AM

Discus: Ambulatory & Wheelchair Div.

- 7:30 AM – 10:30 AM

Air Rifle: All Divisions

- 7:30 AM – 10:30 AM

Swimming:

Ambulatory & Wheelchair Division

12:30 PM All Age Groups

Note- You may select no more than two swimming events which will count toward two of the total of four events that you may compete in.

- Freestyle 25 yard
 Freestyle 50 yard
 Backstroke 25 yard
 Backstroke 50 yard

Note: Competitors may not compete in both Croquet and Table Tennis. Competitors may not compete in both Dominoes and Nine Ball.

Because of the growing numbers of competitors, we cannot prepare a news release on your participation in the Games if you do not fill out this form completely. This form gives us the specific information we need to prepare a news release to distribute to media outlets where you live. We have simplified it as much as possible, so it is very easy to fill out. If you have any questions, please call Jenny Tankersley Ballou at (757) 728-3450.

1. Your Name: _____

2. Date of Birth: _____ Email Address: _____

3. Please confirm your branch of service.

- | | | | |
|------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Army | <input type="checkbox"/> Army Air Corps | <input type="checkbox"/> Navy | <input type="checkbox"/> Marine Corps |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> National Guard | <input type="checkbox"/> Other _____ |

4. If you are a peace-time veteran, where and when did you serve?

5. a. Did you ever serve in combat? Yes No

b. Where did you serve in combat?

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> World War II (European Theater) | <input type="checkbox"/> Korean War | <input type="checkbox"/> Gulf War |
| <input type="checkbox"/> World War II (Pacific Theater) | <input type="checkbox"/> Vietnam | <input type="checkbox"/> Other _____ |

c. Were you injured in combat? Yes No

d. Were you ever held as a POW? Yes No If yes, where? _____

6. Are you a member of a Veteran Service Organization (VSO)? Yes No

If Yes, which Veteran Service Organization(s)? _____

7. What VA medical facility do you represent (city and state)? _____

Please note: All event results will be posted on the Games Web site by competitor name unless you check the "no" box here: No (Your results will not be posted. Complete question 8 and sign below)

8. a. Do you want us to prepare a news release about your competition in the National Veterans Golden Age Games? Yes No **If you marked "no," please sign under 8b below. You are done with Form C. You will not receive a photo of your participation.**

b. If you marked "yes" to a news release in 8a, please provide the following information, sign below, and then complete questions 9-12.

I give permission for my phone number to be included in my news release posted on the Games Web site.

I do not want my phone number listed on my news release. Media may contact me through the Games Public Affairs Coordinator, Jenny Tankersley Ballou.

(Signature) _____

If you wish to have a news release, please answer questions 9-12.

9. What are the nearest DAILY and WEEKLY newspapers to your home? (If you don't know the name, please give the closest large city, or the county that you live in.)

Name (Please print)	City
Name (Please print)	City
Name (Please print)	City

10. **YOUR QUOTE FOR THE NEWS RELEASE:** (This is mandatory.) All we need are a few thoughts from you telling us such things as how you feel about the Games, what NVGAG competition has done for your life, how many times you've competed, what you have looked forward to the most, why staying active is important, what you hope to achieve, favorite event etc. *(Just give us a few ideas and we'll take it from there!)*

11. Which years have you participated in the NVGAG:

<input type="checkbox"/> 1985	<input type="checkbox"/> 1987	<input type="checkbox"/> 1988	<input type="checkbox"/> 1990	<input type="checkbox"/> 2007
<input type="checkbox"/> 1991	<input type="checkbox"/> 1992	<input type="checkbox"/> 1993	<input type="checkbox"/> 1994	
<input type="checkbox"/> 1995	<input type="checkbox"/> 1996	<input type="checkbox"/> 1997	<input type="checkbox"/> 1998	
<input type="checkbox"/> 1999	<input type="checkbox"/> 2000	<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	
<input type="checkbox"/> 2003	<input type="checkbox"/> 2004	<input type="checkbox"/> 2005	<input type="checkbox"/> 2006	

12. Please describe your favorite Games memories. _____

Thank you!

Read before Signing

RELEASE OF LIABILITY:

In consideration of being allowed to participate in the 2008 National Veterans Golden Age Games, related events, and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in these Games is significant, including the potential for serious bodily injury, including death, and property damage. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, and assume full responsibility for my participation.
2. I willingly agree to comply with the stated and customary terms and conditions for my participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
3. I, for myself and on behalf of my guardians, executors, heirs, assigns, personal representatives, and administrators, HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE, the United States Government; the Veterans Canteen Service, Help Hospitalized Veterans; their officers, directors, officials, members, agents, and employees; and any and all sponsoring agencies, sponsors, advertisers, owners, and lessors of premises used to conduct the Games, related events, and activities; and, officials, volunteers, and other participants of the 22nd National Veterans Golden Age Games, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any and all injury, disability, death, or loss or damage to person or property.
4. I consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

I HAVE READ THIS ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature: _____ Date Signed: ____/____/____

Name (Please Print): _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Relationship: _____

RELEASE OF PICTURE/VOICE RECORDINGS AND/OR INFORMATION:

I voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me by or on behalf of the Department of Veterans Affairs (VA), Veterans Canteen Service, Help Hospitalized Veterans, U.S. military publications, and other magazines, veterans' publications, newspapers, and broadcast media, etc., while I am a participant in the 22nd National Veterans Golden Age Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said picture(s) and/or voice recording(s) are intended to publicize and give recognition to the National Veterans Golden Age Games. I also authorize storage of my registration and event data in the electronic media. In the event that I qualify to participate in the 2009 National Senior Games, I authorize VA to release my name and address to the National Senior Games Association.

Signature

Date

Medical Clearance Instructions for Competitors

You must be seen by your VA Primary Care Provider to be medically cleared to participate in the Games.

Reminder: We will not provide routine medical care, replacement medications, replacement equipment or replacement supplies for pre-existing conditions. You must bring enough medication and medical supplies to last throughout the games. Any medication or medical supplies provided on site will be charged back to your medical facility. We will not refill any narcotic prescriptions.

Competitors using oxygen must have their sponsoring VA Medical Center coordinate oxygen services, including supplies, with a local oxygen provider.

We will provide medical assistance 24 hours a day at the Triage Clinic in the Hilton Indianapolis Hotel. We will also provide first aid and medical stabilization at the events and activities. Ambulance care will be provided as needed.

When you check-in for the Games, you must tell us if there have been any significant changes in your health since you completed your application. These include:

- Changes in medication
- Admissions/Hospitalizations
- New diagnosis, problems, or conditions

We need current addresses and phone numbers for:

- You
- Next of Kin
- Emergency Contact Person
- Your Primary Care Provider
- Sponsoring Facility Point of Contact

Have your VA Primary Care provider complete the enclosed General Medical Information/Medical Form (Form E) enclosed in this packet.

A physician, nurse practitioner or physician assistant must fill out and sign this form.

Dear Provider: Pending your approval, your veteran plans to participate in various athletic events and/or games which may be strenuous and/or dangerous depending on his/her condition. Additionally, should your veteran require personal ADL assistance, please understand this will not be provided by the Richard L. Roudebush VA Medical Center and would be a reason not to clear him/her unless he/she is accompanied by a caregiver.

All fields require an answer. If any question does not apply to this veteran please indicate "NA."

Veteran's Name: _____ Today's Date: _____
Last First

SSN: _____ Veteran's Date of Birth: _____ Age: _____

PLEASE REVIEW VETERAN DEMOGRAPHICS FOR ACCURACY BEFORE YOU COMPLETE THIS FORM

Height: _____ Weight: _____ Blood Pressure: _____

PROBLEM LIST (Active Problems): COPD Heart Failure Hypertension Diabetes

I have reviewed the above active problems and confirm that this list is current. Yes No

All Active Medications: _____

I have reviewed the above medications and the veteran is taking them as directed. Yes No

LAST ADMISSION: _____

Allergies: _____

Vision: Is the veteran visually impaired (legally blind)? Yes No

Hearing: Is the veteran hearing impaired? Yes No

Tetanus Toxoid Date: _____ Please update Tetanus if not within 10 years. Yes No

PPD date: _____ within 12 months: Yes No

If positive, send current x-ray report: Yes No

Can he/she take his/her own medications? Yes No

Please advise veteran of their responsibility for bringing enough medication for the trip and the week.

RICHARD L. ROUDEBUSH VA MEDICAL CENTER WILL NOT PROVIDE NARCOTIC REFILLS FOR ANY REASON. The cost of any medical expenses and/or medications will be charged back to the veteran or the veteran's originating facility.

Veteran's Name: _____

Special Needs:

Does the veteran need assistance with the following ADLs?

- a. Ambulation Yes No
- b. Transfer Yes No
- c. Feeding Yes No
- d. Grooming Yes No
- e. Toileting Yes No

Is the veteran incontinent of urine? Yes No Is the veteran incontinent of bowel? Yes No

If the veteran uses a wheelchair, can he/she transfer without assistance? Yes No

Durable medical equipment or special assistive devices the veteran will be using: _____

Is the veteran on portable oxygen? Yes No If yes, Rx: i.e., 2L/min. _____

List special needs: (e.g. feeding tube, tracheotomy, catheter, mobility, bowel and bladder care, etc.)

List those needs that the veteran requires assistance with: _____

Behavioral Needs: _____

Cognitive Needs: _____

What activity restrictions do you recommend? _____

Event Participation: The veteran is physically capable of participating in these aerobic events:

- a. Cycling Yes No
- b. Swimming Yes No

Please select Yes or No by the events the veteran can or cannot participate in:

- | | | | | | |
|-----------|--|--------------|--|--------------|--|
| Air Rifle | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bowling | <input type="checkbox"/> Yes <input type="checkbox"/> No | Checkers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Croquet | <input type="checkbox"/> Yes <input type="checkbox"/> No | Discus | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dominoes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Golf | <input type="checkbox"/> Yes <input type="checkbox"/> No | Horseshoes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Nine Ball | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shot Put | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shuffleboard | <input type="checkbox"/> Yes <input type="checkbox"/> No | Table Tennis | <input type="checkbox"/> Yes <input type="checkbox"/> No |

In your opinion, can the veteran make the trip and participate in the National Veterans Golden Age Games?
Yes No

Does the veteran have an Advanced Directive: Yes No

Provider's Name (Please Print) _____

Provider's Signature: _____

Please provide a telephone number and a pager number where you can be reached August 19-August 25, 2008: _____

Name: _____

I am a (circle one): **Competitor**

Coach/Staff

Family Member/Guest

Tour the Indianapolis Motor Speedway – **free** to competitors. Non-competitors may purchase tickets at the Speedway the day of the event for \$6.00 each.

If interested, please check the **date and time** that would work best for you. Please ensure this activity does not conflict with your event schedule.

Friday, August 22, 2008

- 10:00 am – 12:00 Noon Tour of Indianapolis Motor Speedway
- 2:00 pm – 4:00 pm Tour of Indianapolis Motor Speedway

Saturday, August 23, 2008

- 10:00 am – 12:00 Noon Tour of Indianapolis Motor Speedway
- 2:00 pm – 4:00 pm Tour of Indianapolis Motor Speedway

This form must be returned if you are interested in the “Tour of Indianapolis Motor Speedway”

Are you able to board a bus/van without using a wheelchair/scooter? Yes
No

The White River State Park Pass will be **free** to competitors and includes a ticket to each of the following attractions: the Eiteljorg Museum of American Indians and Western Art, IMAX Theater, Indiana State Museum, Indianapolis Zoo/White River Gardens, NCAA Hall of Champions and Congressional Medal of Honor Memorial. Busses will provide transportation during competition days on a continuous loop, allowing you to determine what activity you do as you are available. Non-competitors may purchase a pass for \$40.50. Details on how to purchase the pass will be available during registration. If individual tickets are needed, they may be purchased at the White River State Park.



Please check only one: Coach Support Staff Family/Significant Other

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Cell Phone: () _____

Email Address: _____

What VA Medical Center do you represent? _____

Do you use a wheelchair or scooter? No Yes

In Case Of Emergency, Notify:

Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Relationship: _____

For coaches only, does your team have a name? No Yes

Name of Team: _____

Please list of your team member's names:

For coaches and support staff, please indicate your t-shirt size:

Small Medium Large XL XXL XXXL Other

Release of Picture/Information: I voluntarily and without compensation authorize photograph(s), video(s), and voice recording(s) to be made of me by or on behalf of the Department of Veterans Affairs (VA), the Veterans Canteen Service, Help Hospitalized Veterans, US military publications, community media outlets, etc., while I am attending the 22nd National Veterans Golden Age Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said picture(s) and/or voice recording(s) are intended to publicize and give recognition to the National Veterans Golden Age Games. Also, I authorize storage of my registration and event data in the electronic media.

Signature _____ Date _____